

In re **Sullivan, Robin Ann**  
Debtor

**98-30117**  
Case No. (if known)

**AMENDED**

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTORS**

DEBTOR MARITAL STATUS: **Divorced**

DEPENDENTS OF DEBTOR

Living with debtor(s): **Troy Thomas Sullivan, age 8, son;  
Zachariah Robert Sullivan, age 8,  
son.**

Child support received for: **Troy Sullivan, age 8, son  
Zachariah Sullivan, age 8, son**

EMPLOYMENT: DEBTOR/JOINT-1

Occupation: **Desk clerk**  
Employer name: **Quality Inn**  
How long employed: **Two months**  
Employer address: **700 Port Dr.  
Clarkston, WA 99403**

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions.....	910.00
Estimated monthly overtime.....	0.00

SUBTOTAL	910.00
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LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security.....	180.00
b. Insurance.....	0.00
c. Union dues.....	0.00
d. Other (specify):	0.00

SUBTOTAL OF DEDUCTIONS	180.00
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TOTAL NET MONTHLY TAKE HOME PAY	730.00
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Regular income from operation of  
business or profession or farm...

*ac:lmj*

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Income from real property.....	350.00
Interest and dividends.....	0.00
Alimony, maintenance, or support payments payable to the debtor for the debtor's use or that of dependents listed above.....	365.00
Social security or other government assistance:	0.00
Pension or retirement income.....	0.00
Other monthly income:	0.00

TOTAL MONTHLY INCOME:

1,445.00

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

Debtor rents out a room to her Mother for \$350 per month, which is reflected as additional income. Food expense shown is for Debtor and her two sons. Earned income or other tax refunds will be used by Debtor for additional clothing, home maintenance and transportation.

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### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

| | Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete and label a separate schedule of expenditures.

Rent/home mortgage payments (include mobile home lot) ..	350.00
Are real estate taxes included? Yes     No  X	
Is property insurance included? Yes     No  X	
Utilities: Electricity and heating fuel.....	90.00
Water and sewer.....	30.00
Telephone.....	40.00
Garbage.....	8.00
Security.....	0.00
Cable.....	40.00
Home maintenance (repairs and upkeep).....	10.00
Food.....	300.00
Clothing.....	20.00
Laundry and dry cleaning.....	10.00
Medical and dental expenses.....	50.00
Transportation (not including car payments).....	100.00
Recreation, clubs and entertainment, newspapers, magazines, etc.....	50.00
Charitable contributions.....	0.00
Insurance: (not deducted from wages or included in home mortgage payments.)	
Homeowner's or renter's.....	65.42
Life.....	0.00
Health.....	0.00
Auto.....	75.00
Taxes: (not deducted from wages or included in home mortgage payments.) (specify)	0.00
Installment payments: (In chapter 12 & 13 cases, do not list payments to be included in the plan.)	0.00

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Alimony, maintenance, and support paid to others.....	0.00
Payments for support of additional dependents not living at your home.....	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement).....	0.00
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TOTAL MONTHLY EXPENSES (Report also on Summary).....	1,238.42
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[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the requested information below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income.....	1,445.00
B. Total projected monthly expenses.....	1,238.42
C. Excess income (A minus B).....	206.58
D. Amount paid into Plan Monthly	0.00

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Robin Ann Sullivan**, named as the debtor in this case, declare under penalty of perjury that I have read the foregoing **Summary and Schedules**, consisting of 24 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Signature: Robin Ann Sullivan  
**Robin Ann Sullivan**

Date: 10-19-98